Reducing Readmissions to Hospital from a Skilled Nursing Facility

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Improving the Quality of Information sent to Primary Care Physicians for Patients Discharged from Nursing Facilities

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Abstract:
A recent survey on documentation in transitions of care, we identified that none of the nursing facilities (NF) where our group is on staff had a formal discharge process. The six providers in our gastroenterology group developed a standardized form to be used when discharging patients from the facility. This included Patient name and Date of birth, NF where the patient received care and discharge destination, functional and cognitive status, Home Health Agency and contact numbers, details of admission diagnosis and course in the NF, other medical diagnoses, medication list, any follow up laboratory or radiology testing and follow-up appointments. Approval had to be given by each NF to allow the DC form to be used and placed on the NF chart.

The form was completed by the discharging provider and faxed to the PCP and our office for tracking. PCP office is called by staff to ascertain if form was received. Most were finding the form to be useful, but they would like a better way to follow up if they had not received a signed copy.

Methods:
Development of the Form and Utilization
The providers in our group met to determine what information should be included on the form. The first draft of our form is shown in Figure 1. The providers are able to fax an additional page with any other pertinent information they wish to include.

Discharge Provider Compliance with Use of the Form:
We did not have the resources to visit the NFs and perform a chart audit to assess for compliance. We thus asked the nursing facility to send the form on August 8, 2010. The form was completed before discharge. We wanted to know if the form was received by the PCP, and if not then why.

Process Issues:
Providers
The main provider process issues are shown below. Although it was not a requirement, a number of NDs requested to go back to the primary care provider, completion of the form was considered valuable extra work for the discharging provider.

Primary Care Provider
PCP process issues are shown below. The main issue was the inability to locate the form in their office. We did not inform the PCPs about our project before sending discharge forms. Thus many of them were unfamiliar with the form which may have contributed to their evaluation that the forms had not been received.

Post Utilization Review
The providers in our group met again to identify issues related to the layout and content of the form. Most were finding the form adequate, although a few were not. The form was updated and is shown in Figure 3. We plan to survey PCP offices to assess their satisfaction with the form in the future.

Nursing Facility
The NF process issues are as shown:

Results:
For the five month period from mid August to December 2010, there were 135 copies of a DC form received in our office. Follow up calls showed that 79 (58.5%) were identified as “received” by the PCP office, (29.8%) were identified as “not received” and 4 (3.7%) as “unavailable”.

Table 1

<table>
<thead>
<tr>
<th>Provider</th>
<th>Received</th>
<th>Not Received</th>
<th>Unavailable</th>
<th>Total</th>
</tr>
</thead>
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<td>11</td>
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<td>28</td>
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<tr>
<td>6</td>
<td>13</td>
<td>13</td>
<td>2</td>
<td>28</td>
</tr>
</tbody>
</table>

Discussion:
The reasons for the PCP not receiving the discharge form were as follows:

1. The discharge form was sent to the wrong provider.
2. The form was not sent.
3. The form was sent, but not received.

Figure 1. Initial Discharge Form

Figure 2. Receipt of Discharge Form by Primary Care Provider Office

Figure 3. Revised Discharge Form